

The Pre-Eminent Glop-Oral Focal Mucinosi

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Oral focal mucinosi is an exceptional, focal, mucosal, myxoid disorder of uncertain pathophysiology which may simulate diverse benign oral neoplasms. Initially scripted by Tomich in 1974, oral focal mucinosi occurs as an oral manifestation of cutaneous focal mucinosi, a degenerative condition of cutaneous connective tissue [1].

Of obscure aetiology, oral focal mucinosi may arise due to fibroblast-induced excessive production of hyaluronic acid. Characteristically, localized deposition of mucin within connective tissue enduring mucoid degeneration is exemplified.

It is posited that oral focal mucinosi is engendered due to excessive production of hyaluronic acid by fibroblasts with consequent configuration of a myxoid lesion secondary to accumulation of myxomatous substance [2,3].

Alternatively, traumatic stimulation may contribute to disease occurrence with consequent enhancement of magnitude of soft tissue lesions.

No age of disease emergence is exempt. The condition may occur in paediatric subjects or elderly population and demonstrates a mean age of disease occurrence at 38 years. A female predominance is observed with a female to male proportion of ~2:1 [2,3].

Clinically, a painless, nodular tumefaction of elastic consistency and normal hue akin to circumscribing mucosa may be discerned. Generally, tumefaction appears upon the gingiva or hard palate followed in frequency by buccal mucosa, tongue, lip or exceptionally, retro-molar region. Oral focal mucinosi commonly arises within keratinized mucosa adherent to subjacent bone [2,3].

Grossly, tumefaction is poorly circumscribed and non-encapsulated. Morphologically, lesions are constituted of stellate-shaped and spindle-shaped fibroblastic cells intermingled within an abundant, myxoid matrix. Non encapsulated lesions of oral focal mucinosi comprise of localized, dense myxomatous tissue encompassed by normal collagenous tissue. Well defined, myxomatous stroma is intermingled with sparse fibrotic tissue. Minimally intercalated fibrous connective tissue and reticulin fibres may be exemplified. A mild, perivascular inflammatory infiltrate of plasma cells can be discerned [2,3].

Characteristic morphology exemplifies an un-encapsulated neoplasm with predominant myxomatous stroma or localized fibrous connective tissue [2,3].

The lesion is devoid of clusters of odontogenic epithelial cells and appears non infiltrative to circumscribing bone. However, resorption of circumscribing bone or retro-molar bone may occur, possibly due to enhancing magnitude of the lesion [2,3].

Mucin stains such as Alcian blue and Periodic acid Schiff's (PAS) stain can be employed to emphasize mucinous tissue substrate. The myxomatous stroma stains with Alcian blue and remains unstained with periodic acid Schiff's (PAS) stain, indicative of accumulation of acidic mucin [2,3].

Silver impregnation with reticulin stain enunciates sparse reticular fibres. Tumour cells are immune non-reactive to S100 protein [2,3].

Clinical demarcation of oral focal mucinosi is required from lesions of fibroma, epulis, papilloma, mucocele, benign oral neoplasms, periodontal abscess, giant cell granuloma and pleomorphic adenoma occurring as a palatal lesion [3,4].

Additionally, segregation is required from neoplasms such as myxoma, odontogenic myxoma, nerve sheath myxoma, mucocele, neurofibroma demonstrating mucus degeneration, focal myxoedema and mucoid degeneration of fibrotic lesions [3,4].

Oral focal mucinosi may concur with systemic mucinosi or disorders such as pretibial myxoedema secondary to hyperthyroidism, myxoedema diffusum occurring with hypothyroidism, scleredema or multiple myeloma or lichen myxedematosus secondary to diabetes mellitus or collagenosis [3,4].

Cogent treatment strategy is comprehensive surgical resection of the lesion. Localized reoccurrence is minimal and may occur due to incomplete surgical eradication. Nevertheless, a specific duration of lesion monitoring is necessitated [3,4].

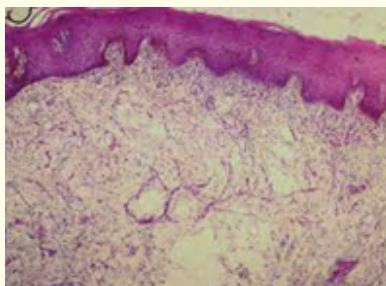


Figure 1: Oral focal mucinosi demonstrating myxomatous stroma with sparse fibrous tissue and a superimposed layer of stratified squamous epithelium [5].

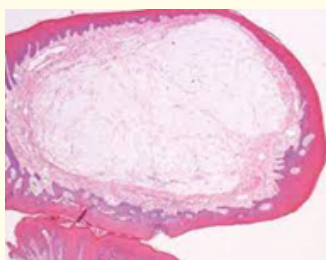


Figure 2: Oral focal mucinosi depicting a myxoid lesion with circumscribing minimal fibrous connective tissue and compressed stratified squamous epithelium [6].

Bibliography

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5. Image 1 Courtesy: Scielo.br.
6. Image 2 Courtesy: Tandfonline.com.

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